



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Connie Dilger

Email Address: cdilger@orthoindy.com

Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$121025270
Outpatient Patient Service Revenue	\$233942724
Total Gross Patient Service Revenue	\$354967994

2. Deductions From Revenue

Contractual Allowance	\$183120040
Other Deductions	\$1322521
Total Deductions	\$184442561

3. Total Operating Revenue

Net Patient Service Revenue	\$170525433
Other Operating Revenue	\$1108076
Total Operating Revenue	\$171633509

4. Operating Expenses

Salaries and Wages	\$20552366	Employee Benefits	\$5108589
Depreciation and Amortization	\$2390205	Interest Expense	\$64703
Bad Debt	\$3853889	Other Expenses	\$75836659
Total Operating Expenses	\$107806411		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$63827098	Total Assets	\$50166167
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$12389885

Total Net Gains	\$63827098
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$112120724	\$80479349	\$31641375
Medicaid	\$5050084	\$3543904	\$1506180
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$237797186	\$100419308	\$137377878
Total	\$354967994	\$184442561	\$170525433

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$180113	\$116412	\$63701

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$14285	\$-14285
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	1363
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$2766470	\$2367437	
HCI Payments	\$0		
Subtotal	\$2766470	\$2367437	\$399033
Medicaid Shortfalls	\$1251923	\$1390025	
Subtotal	\$4018393	\$3757462	\$260931
DSH Payments	\$0		
Subtotal	\$4018393	\$3757462	\$260931
Medicare Shortfalls	\$30093976	\$34664170	
Other Government Programs	\$0	\$0	
Total	\$34112369	\$38421632	\$-4309263

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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